

EXHIBIT “J”

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ISLAND INSURANCE COMPANIES

This Coverage Part consists of this Declarations Form, the Common Policy Conditions, the Commercial Property Conditions, the Coverage Form(s) and the endorsements indicated as applicable. (See "Common Policy Declarations" for ITEMS 1. and 2.)

Policy No.: **IJX9716843-12**

Effective Date: **9/23/2022**

Named Insured: **C & A Investment LLC**

3. DESCRIPTION OF PREMISES:

See Supplemental Declarations attached

COVERAGES PROVIDED – Insurance at the described premises applies only for Coverages for which a Limit of Insurance is shown. Optional coverages are provided only when entries are shown as being applicable.

See Supplemental Declarations attached

4. MORTGAGE HOLDER(S)::

See Supplemental Mortgageholder CPMTG 10 11 if attached

5. DEDUCTIBLE:

See Supplemental Declarations attached

TOTAL PREMIUM FOR THIS COVERAGE PART: \$ 7,036.

6. FORMS AND ENDORSEMENTS APPLICABLE:

See Schedule of Forms and Endorsements CPFS 03 18

ISLAND INSURANCE COMPANY

POLICY NUMBER: IJX9716843-12
 NAMED INSURED: C & A Investment LLC

DESCRIPTION OF PREMISES

LOC NO.	BLDG. NO.	LOCATION	CONSTRUCTION	OCCUPANCY
1	1	See Supplemental Commercial Premises Declarations		

COVERAGES PROVIDED – Insurance at the described premises applies only for Coverages for which a Limit of Insurance is shown. Optional coverages are provided only when entries are shown as being applicable.

COVERAGE	LIMIT OF INSURANCE	COVERED CAUSE OF LOSS	RATES	PREMIUM
Building	2,000,000.	Special	Gr. I	0.108 \$ 2,339.
			Gr. II	0.138 2,989.
			Special	0.018 390.
		Equipment Breakdown	.083	Included

COINSURANCE: 100%
 DEDUCTIBLE: \$5,000.
 HURRICANE DEDUCTIBLE
 PERCENTAGE: 15%
 MINIMUM: \$300,000.

OPTIONAL COVERAGES
 INFLATION GUARD: Not Applicable
 REPLACEMENT COST: Yes
 AGREED VALUE: \$2,000,000.
 OFF PREMISES POWER FAILURE: Not Applicable

EXPIRATION DATE: 09/23/23

ISLAND INSURANCE COMPANY

POLICY NUMBER: **IJX9716843-12**
 NAMED INSURED: **C & A Investment LLC**

DESCRIPTION OF PREMISES

LOC NO.	BLDG. NO.	LOCATION	CONSTRUCTION	OCCUPANCY
1	1	See Supplemental Commercial Premises Declarations		

COVERAGES PROVIDED – Insurance at the described premises applies only for Coverages for which a Limit of Insurance is shown. Optional coverages are provided only when entries are shown as being applicable.

COVERAGE	LIMIT OF INSURANCE	COVERED CAUSE OF LOSS		RATES	PREMIUM
Business Income	360,000.	Special	Gr. I	0.087	\$ 339.
With Extra Expense			Gr. II	0.113	441.
			Special	0.138	538.
		Equipment Breakdown		.083	Included

COINSURANCE: **90%**
 HURRICANE DEDUCTIBLE PERIOD: **28** NUMBER OF DAYS

OPTIONAL COVERAGES

AGREED VALUE:	Not Applicable
OFF PREMISIES POWER FAILURE :	Not Applicable
MONTHLY LIMIT OF INDEMNITY (FRACTION):	Not Applicable
MAXIMUM PERIOD OF INDEMNITY:	Not Applicable
EXTENDED PERIOD OF INDEMNITY (DAYS):	Not Applicable

SUPPLEMENTAL COMMERCIAL PREMISES DECLARATIONSPOLICY NUMBER: **IJX9716843-12**EFFECTIVE DATE: **092322**NAMED INSURED: **C & A Investment LLC**

LOC #	BLDG #	LOCATION ADDRESS:	CONSTRUCTION	OCCUPANCY
1	1	1000 Limahana Place Lahaina, Maui HI 96761	NON-COMBUSTIBLE	Management Consultants